

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 04 1997 8:00am  
Secretary of State

\*PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039700 (5)

1. Corporation Name  
OLYMPIA HOTEL MANAGEMENT CORP.



Principal Place of Business

19052 N.E. 29TH AVE.  
AVENTURA FL 33180

Mailing Address

19052 N.E. 29TH AVE.  
AVENTURA FL 33180-2802

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/08/1996

3a. Date of Last Report

4. FEI Number

Applied For

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOBERT, ROGER S  
241 SEVILLA AVE.  
SUITE 805  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Robert, Ilene  
82 Street Address (P.O. Box Number is Not Acceptable)  
19052 NE 29th Ave  
83  
84 City Aventura FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

*Robert, Ilene*

*Ilene Robert*

4/14/97

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KATZ, JOYCE  
STREET ADDRESS 19370 COLLINS AVE. APT. 1116-C  
CITY-ST-ZIP N MIAMI BEACH FL 33180

TITLE D ☒ DELETE  
NAME KATZ, DAVID D  
STREET ADDRESS 19370 COLLINS AVE. APT. 1116-C  
CITY-ST-ZIP N MIAMI BEACH FL 33180

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Katz, David  
1.3 STREET ADDRESS 19052 NE 29th Ave  
1.4 CITY-ST-ZIP Aventura, FL 33180

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Katz, Joyce  
2.3 STREET ADDRESS 19052 NE 29th Ave  
2.4 CITY-ST-ZIP Aventura, FL 33180

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Robert, Ilene  
3.3 STREET ADDRESS 19052 NE 29th Ave  
3.4 CITY-ST-ZIP Aventura, FL 33180

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ilene Robert*

*Ilene Robert*

4-11-97 305 835-4166

CR2E034 (9/96)